

City of New Britain  
Affirmative Action/Equal Opportunity/Equal Access Employer

**APPLICATION FOR EMPLOYMENT**  
**27 West Main Street, New Britain, CT 06051**  
**(860) 826-3404**



\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security No.

(Print information in ink, or type)

Office Use Only

<b>1. Job Applying For</b> (use title on job announcement) (exam no.)	_____ Q _____ V _____ NQ _____ DV
<b>2. Your Name</b> (print) Last Name First Middle	_____ Edu _____ Rev. by: _____ Exp. _____
<b>3. Address</b> (Number and Street, Road or Post Office Box)	_____ Other _____
City State Zip Code	_____ Score _____ Rank

<b>4. Have you ever served in the U.S. Armed Forces during periods of conflict?</b> Yes _____ No _____	<b>5. Telephone Number (with area code)</b> ( ) -
<b>6. Are you over age 18?</b> Yes No	<b>7. Convictions - see "Addendum to Employment Application"</b>

<b>8. Education</b> A. Did you graduate from high school? Where? _____	<b>E-mail address</b>
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A. Did you graduate from high school? Where? _____				B. If you have a high school equivalency certificate, give year and place the certificate was granted:	
Yes	No	Month	Year	If "No", highest grade completed	
					Year Place

C. List any colleges, business schools, or technical school you attended:

Name of School	Location	Course or Major	Dates Attended	Degree

D. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, dates attended, subject of training, and other details related to the job for which you are applying.

9. EXPERIENCE: Start with your present or last job and work backwards listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of paper if necessary. Work performed more than 10 years ago may be given if it applies to the job for which you are applying.

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

1) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your present or last job title Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your job title Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your job title Your duties:		

10. References: List the name, address and telephone number of three persons with knowledge of your character, experience and ability. Do not list relatives. Use professional, not personal, references. (Current and former employers, teachers/professors, etc.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

11. Special Skills and Abilities. Show licenses, (including drivers); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds, computer skills, and any other special abilities or knowledges relating to the job for which you are applying.

12. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that I will be required to pass a medical examination and background check as a condition of appointment. As part of the medical examination process, I may be required to undergo a drug screen. The signing of this application will serve as consent to the drug screen examination.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Rev. 12/2004